

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Stuart D. Trachy

II. Name of lobbyist's partne	ership, fir	m or corporation, if a	ny:	
(Name of pa	rtnership,	firm or corporation)		
Two Eagle Square, Suite 300		Concord	NH	03301
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
(603) 520-0822 (Telephone)	(603))	cmail <u>strachy@aol.c</u>	om
(Telephone)		(Fax)		
III. This statement covers: (reportable expense transacti			ts for each client, OR you ma to any one client).	y file a separate report for
All reportable transaction	s occurring	g in the months prior to	the reporting date relative to the	e following client:
Enterprise Holdings				
	(Full Nam	e of Client as it appears	s on the Lobbyist Registration F	om)
OR All reportable transaction unrelated to any particular cli		obbyist (including the l	obbyist's family), or the lobbyin	g firm listed below which are
Reports cover: activity from Octo	ber 31, 20	gistration to 3/31/18	July 25, 2018 (1) activity from 4/1/18 to 6/30/ January 30, 2019 (2) activity from 10/1/18 to 12/3	
V. There have been no fees r If this box is checked, complet Concord, NH 03301.	eceived and e just this	nd no reportable trans form and submit it to th	sactions made since the last re he Secretary of State's Office, St	port. 🔀 ate House, Room 204.
If you have paid an Expense Reimbursement	l fees or m honorariur	ade expenditures, you in mor reimbursed expens	must file Addendum A– Fees a ses, you must file Addendum B ontributions, you must file Add	
the best of my knowledge and (Signature of lobbyist)	B and RS/	byist A 664 and hereby swear	or affirm that the foregoing inf	Formation is true and complete to
Stuart D. Trachy (Print Name of lobbyist)				